

This is an official
CDC Health Update

Distributed via Health Alert Network
March 30, 2005, 13:11 EST (01:11 2PM EST)
CDCHAN-00225-05-03-30-UPD-N

Outbreak of Marburg Virus Hemorrhagic Fever in Angola

On March 23, 2005, the World Health Organization (WHO) confirmed Marburg virus (family Filoviridae, which includes Ebola virus) as the causative agent of an outbreak of viral hemorrhagic fever (VHF) in Uige Province in northern Angola. Testing conducted by CDC's Special Pathogens Branch detected the presence of virus in nine of 12 specimens from patients who died during the outbreak. According to WHO reports, a total of 124 cases (117 deaths) were identified during October 1, 2004–March 29, 2005. Approximately 75% of the reported cases occurred in children aged <5 years; cases also have occurred in adults, including health-care workers.

Marburg virus disease presents as an acute febrile illness and can progress within 6-8 days to severe hemorrhagic manifestations. After an incubation period of 5-10 days, the onset of the disease is sudden and is marked by fever, chills, headache, and myalgia. Around the fifth day after onset of symptoms, a maculopapular rash may occur. Nausea, vomiting, chest pain, a sore throat, abdominal pain, and diarrhea then may appear. Signs and symptoms become increasingly severe and may include jaundice, inflammation of the pancreas, severe weight loss, delirium, shock, liver failure, massive hemorrhaging, and multi-organ dysfunction.

Clinicians should consider the diagnosis of Marburg VHF among febrile patients who, within 10 days before onset of fever, have either 1) traveled in northern Angola; 2) had direct contact with blood, other body fluids, secretions, or excretions of a person or animal suspected of having VHF; or 3) worked in a laboratory or animal facility that handles hemorrhagic fever viruses. The likelihood of acquiring VHF is considered extremely low in persons who do not meet any of these criteria. The cause of fever in persons who have traveled in areas where VHF is endemic is more likely to be a different infectious disease.

Hospital infection control practices for infected patients should include contact and droplet precautions, in addition to eye protection or face shield. Clinicians caring for patients with suspected Marburg virus infection should contact CDC or local public health officials for additional information on VHF infection control.

On March 25, CDC posted a notice on its website to inform travelers about the outbreak (available at http://www.cdc.gov/travel/other/marburg_vhf_angola_2005.htm). This website will be

updated as new information becomes available. No U.S. travel restrictions to the affected area are recommended at this time.

For additional information, see the following websites:

WHO information about the outbreak in Angola:

<http://www.who.int/csr/don/en/>

CDC information about Marburg virus and viral hemorrhagic fevers:

<http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/marburg.htm>

CDC information on infection control for viral hemorrhagic fevers in the African health care setting:

<http://www.cdc.gov/ncidod/dvrd/spb/mnpages/vhfmanual.htm>

CDC information about travelers' health: <http://www.cdc.gov/travel/index.htm>

Categories of Health Alert messages:

Health Alert conveys the highest level of importance; warrants immediate action or attention.

Health Advisory provides important information for a specific incident or situation; may not require immediate action.

Health Update provides updated information regarding an incident or situation; unlikely to require immediate action.

##

This Message was distributed to State and Local Health Officers, Public Information Officers, Epidemiologists and HAN Coordinators as well as Clinician organizations##